

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U <u>048-54</u> <u>22000</u>	2. Fiscal Year Covered From: <u>1/31/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>F. OIL G JACKSON</u> P.O. Box, Bldg., Room No., if any _____ Street <u>18355 S. Figueroa St</u> City <u>GARDENIA</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90248</u>	4. Name, file number, and address of labor organization. Name <u>L. A. VERALDO</u> Labor Organization File Number <u>048-054</u> P.O. Box, Building and Room Number, if any _____ Street <u>18355 S. Figueroa St</u> City <u>GARDENIA</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90248</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature] On 1/24/05 Date 916-660-0038 Telephone Number

Name of Person Filing <i>Eric G. Jackson</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>National Suspicion Testing Cent. Corp</i></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <i>501 SHAWTO PL. SUITE 200</i></p> <p>City <i>Los Angeles Calif</i></p> <p>State <i>CALIFORNIA</i> ZIP Code + 4 <i>90020</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><i>PERSONNEL CONTRIBUTION & CONTRACTS CLEANSING SERVICES</i></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><i>CHRISTMAS GIFT (SON GLOSSES) AS PREVIOUSLY REPORTED UNDER PIP 2</i></p> <p>12.b. Amount. 45</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <u>U-000000</u>	2. Fiscal Year Covered From: <u>11/31/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>EMU G JACKSON</u> P.O. Box, Bldg., Room No., if any _____ Street <u>18355 S. FIGUEROA ST</u> City <u>GARDENA</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90248</u>	4. Name, file number, and address of labor organization. Name <u>U.I.A. LOCAL 250</u> Labor Organization File Number <u>048-054</u> P.O. Box, Building and Room Number, if any _____ Street <u>18355 S. FIGUEROA ST</u> City <u>GARDENA</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90248</u>
5. Position in labor organization. _____	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>14 Aug 05</u> Date	<u>310-660-0038</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).
 Name Piping Industry Progress Education
 Trade Name, if any: P.I.P.E.
 P.O. Box, Bldg., Room No., if any Suite 200
 Street 501 Seward Place
 City Los Angeles
 State California ZIP Code + 4 90020

9. Business deals with:
 a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.
 Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.
Joint Labor Management
L.M.C.E.

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.
CHRISTMAS GIFT (Sunglasses)
PREVIOUSLY REPORTED
UNDER N.I.T.C.

12.b. Amount. 179 -

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).
 Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment. _____

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment. _____

Piping Industry Progress
and Education Trust Fund
501 Shatto Place, Suite 200
Los Angeles, CA 90020

LM 30 Statement
(2004 Expenses)

Name:	E. Jackson		
Reimbursements	Travel, Lodging & Meals	Travel, Lodging & Meals	Gifts
Amount:	January	July	Amount: 179.26
Description:	Amount: Description:	Amount: Description:	Description:
			X-mas Gift Sunglasses
Amount:			Amount:
Description:			Description:
	February	August	
Amount:	Amount: Description:	Amount: Description:	
Description:			
	March	September	
Amount:	Amount: Description:	Amount: Description:	
Description:			
Total:			Total:
0	April	October	
	Amount: Description:	Amount: Description:	179.26
			Grand Total
	May	November	
Amount:	Amount: Description:	Amount: Description:	179.26
Description:			
	June	December	
Amount:	Amount: Description:	Amount: Description:	
Description:			
	Total:		
	0		